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Skin Cancer (PDQ®): Treatment Health Professional Version

Last Modified: 04/01/2005

General Information

Note: Separate PDQ summaries on [Screening for Skin Cancer](#)¹ and [Prevention of Skin Cancer](#)² are also available.

Basal cell carcinoma is the most common form of skin cancer, and squamous cell carcinoma is the second most common type of skin malignancy. Although these 2 types of skin cancer are the most common of all malignancies, they account for <0.1% of patient deaths due to cancer. Both of these types of skin cancer are more likely to occur in individuals of light complexion who have had significant exposure to sunlight, and both types of skin cancer are more common in the southern latitudes of the Northern hemisphere.^[1]

The overall cure rate for basal cell carcinoma and squamous cell carcinoma is directly related to the stage of the disease and the type of treatment used.^[2] However, since neither basal cell carcinoma nor squamous cell carcinoma are reportable diseases, precise 5-year cure rates are not known.

Although basal cell carcinoma and squamous cell carcinoma are by far the most frequent types of skin tumors, the skin can also be the site of a large variety of malignant neoplasms. Other types of malignant disease include malignant melanoma, cutaneous T-cell lymphomas (e.g., mycosis fungoides), Kaposi's sarcoma, extramammary Paget's disease, apocrine carcinoma of the skin, and metastatic malignancies from various primary sites. (Refer to the PDQ summaries on [Melanoma Treatment](#)³; [Mycosis Fungoides and the Sézary Syndrome Treatment](#)⁴; and [Kaposi's Sarcoma Treatment](#)⁵ for more information.) Guidelines for the care of cutaneous squamous cell carcinoma have been published.^[3]

References

1. Wagner RF, Casciato DA: Skin cancers. In: Casciato DA, Lowitz BB, eds.: *Manual of Clinical Oncology*. 4th ed. Philadelphia, Pa: Lippincott, Williams, and Wilkins, 2000, pp 336-373
2. Rowe DE, Carroll RJ, Day CL Jr: Long-term recurrence rates in previously untreated (primary) basal cell carcinoma: implications for patient follow-up. *J Dermatol Surg Oncol* 15 (3): 315-28, 1989. [PUBMED Abstract]
3. Guidelines of care for cutaneous squamous cell carcinoma. Committee on Guidelines of Care. Task Force on Cutaneous Squamous Cell Carcinoma. *J Am Acad Dermatol* 28 (4): 628-31, 1993. [PUBMED Abstract]

Table of Links

National Cancer Institute - Skin Cancer Treatment

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1 <http://cancer.gov/templates/doc.aspx?viewid=ab495744-1553-4ce2-9696-6d6dd24edb3>
1&version=1
2 <http://cancer.gov/templates/doc.aspx?viewid=dd7fa1a5-9c70-4625-9112-d2db13af013>
d&version=1
3 <http://cancer.gov/templates/doc.aspx?viewid=7763f63a-fc70-4792-a33f-bf185596872>
5&version=1
4 <http://cancer.gov/templates/doc.aspx?viewid=6ff90ad5-7db4-4206-8a9d-0046bcd18a6>
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5 <http://cancer.gov/templates/doc.aspx?viewid=77b099c4-233d-48aa-93bb-6b9ae57ea84>
5&version=1

<http://www.cancer.gov/cancertopics/pdq/treatment/skin/HealthProfessional/page1/print>

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